

MDR Tracking Number: M5-04-1246-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 8-12-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits and prescription medications Temazepam, Lortab, and Cyclobenzaprine were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 10/9/02 through 5/28/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

March 23, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected date of service in dispute.

Re: MDR #: M5-04-1246-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in the area of Pain Management.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence and Plan documentation
H&P and office notes from 1998-2003.
Operative report
Radiology report

Clinical History:

A work-related injury on ____ resulted in complaints of lower lumbar, right hip, and knee pain. Lumbar and right knee MRI demonstrated lumbar degenerative disc disease and an old ACL disruption of the right knee with degenerative changes. Conservative treatment, including lumbar epidural steroid injections and medical management over the following 5 years have resulted in no appreciable reported subjective improvement.

Disputed Services:

Temazepam, Lortab, cyclobenzaprine, and office visits-established patient, during the period of 10/09/02 through 05/28/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the office visits and medications were not medically necessary in this case.

Rationale:

The claimant has been afforded care beyond predicted recovery periods without apparent benefit. There is no documentation in follow-up visits over the years to mark the efficacy of continued medical therapy or the need to continue it.

Sincerely,